

**2003 Annual Solid Waste Facility Report****Part A: General Information**

- Please provide any necessary corrections or additions to the site, owner, and operator information below.

**1. Facility Information**

Facility Name:	Street Address:
City, State, ZIP:	
Telephone Number:	Contact Name, Title:

**2. Owner Information**

Owner Name:	Street Address:
City, State, ZIP:	
Telephone Number:	Contact Name, Title:

**3. Operator Information**

Operator Name:	Street Address:
City, State, ZIP:	
Telephone Number:	Contact Name, Title:

- Place an 'X' in front of the correct address to send next year's form: ☐ Owner ☐ Operator


**4. Certification**

I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate and complete. I am fully authorized to make this attestation on behalf of this facility and am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.


Signature:	Date:
Print Name:	Phone Number:
Title:	Organization Name:

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-  Please offer any comments or suggestions that may improve this reporting form.


**5. Suggestions****Part B: Facility Details**

-  Please indicate the operational status of the facility by placing a cross in the appropriate box ☒.

**1. Operational Status**

<input type="checkbox"/>	Operated all of 2003.
<input type="checkbox"/>	Started accepting waste on     /     /     , 2003.
<input type="checkbox"/>	Stopped accepting waste on     /     /     , 2003, but maintain a valid operating permit.
<input type="checkbox"/>	Stopped accepting waste on     /     /     , 2003, and no longer hold a valid operating permit.
<input type="checkbox"/>	Did not accept waste in 2003, but maintain a valid operating permit*.
<input type="checkbox"/>	Did not accept waste in 2003, and no longer hold a valid operating permit*.

\* No further questions on this report form are applicable, return to Page 1 and sign the form.

-  Please enter the number of days that the facility accepted waste.

**2. Days of Operation**

*Number of Days Open in 2003:*

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### Part C: 2003 Operations

- Please record the tons of Materials Accepted by each material type for each state of origin. Next, sum each material type into the TOTALS column, then sum that column into the Total Accepted box. Use the area below the table to provide any notes or clarifications.
- Round all amounts to the nearest ton. If any material type is less than 0.5 tons, do not include that material.
  - Do NOT include any waste oil or household hazardous waste/products.
  - If the state of origin is not listed or an additional state is needed, fill in the blank column or cross out a state in an unused column and fill in the other state.
  - If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused material type and fill the other material name.

#### 1. Materials Accepted

Material Type	State of Origin							TOTALS
	MA	CT	ME	NH	NY	RI	VT	
MSW								
C & D WASTE								
ASH								
SLUDGE (WWTP)								
WOOD WASTE								
DPW WASTE								
GENERAL RECYCLABLES								
TIRES								
METALS								
ELECTRONICS/COMPUTERS								
TEXTILES/CLOTHING								
COMPOSTABLES/ORGANICS								
RECYCLING RESIDUE								
OTHER:								
OTHER:								

Total Accepted

Notes:

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- Please indicate vendor(s) for recycling or composting, or material end-user(s) (including Beneficial Use Determinations). Record the tonnage (to the nearest ton) and material type handled by each vendor/end user. If a single vendor handles a number of common recyclables, like glass, cans and paper, then list that vendor once with the Material Type of 'General Recyclables'. Attach additional sheets if necessary.

**2. Materials Diverted**

Vendor/End-User Name	City/Town	State	Tons	Material Type

Total Diverted

- Please indicate any disposal facility(ies) (landfills or combustion facilities) used, including the tonnage (to the nearest ton) and type(s) of waste shipped to each facility. Attach additional sheets if necessary.

**3. Waste Disposed**

Disposal Facility Name	City/Town	State	Tons	Waste Type

Total Disposed

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- Fill out the boxes to check if the materials entering the facility are equal to those leaving it, and note any differences.

### 4. Compare Totals

Line 1	Enter the amount listed in the Total Diverted box on page 4	
Line 2	Enter the amount listed in the Total Disposed box on page 4	
Line 3	Enter the amount listed in the Total Accepted box on page 3	
Line 4	Add lines 1 and 2	
Line 5	Subtract line 4 from line 3, if the result is zero skip to Part D	
Line 6	Divide line 5 by line 3 and multiply by 100	%

- If Line 6 is greater than 1% or less than -1%, please explain the discrepancy between the Total Accepted and the sum of Total Diverted and Total Disposed. Attach another sheet if needed.

### Part D: Waste Bans

- Provide the following information on the facility's compliance with waste control regulations in 310 CMR 19.017. If the facility does not dispose of any Municipal Solid Waste (MSW), or does not manage loads from vehicles capable of carrying 5 cubic yards or more of waste, then leave this section blank.

1. Monitoring and Inspections	Comprehensive Inspections	Ongoing Waste Stream Monitoring
Total Number of Loads Inspected		
Total Number of Loads Failing		
<b>Number of Loads Failing Due to Quantities of Items Below:</b>		
CRT's		
White Goods		
Lead Acid Batteries		
Whole Tires		
Bottles and Cans		
Corrugated Cardboard		
Recyclable Paper		
Yard Waste		
Mixed (more than one material)		

- In addition to sending letters to haulers and/or generators responsible for delivering failed loads, describe other actions the facility has taken to ensure that unacceptable quantities of restricted materials are not delivered to the facility.

### 2. Failed Loads

<input type="checkbox"/> Charged the hauler a fee	<input type="checkbox"/> Prohibited hauler from bringing waste to facility
<input type="checkbox"/> Other (specify):	

Complete and Return this form by <b>February 15, 2004</b> to:	DEP Boston One Winter St, 8th floor Boston, MA 02108 Attn: Brian Holdridge	If you have questions about this form, please download the detailed Instructions at <a href="http://www.state.ma.us/dep/bwp/dswm/swforms.htm">www.state.ma.us/dep/bwp/dswm/swforms.htm</a> , annual facility reporting, or call Brian Holdridge at (617) 292-5578.
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